



Commercial Properties Fall Factor Checklist



Name/Type _____

Address _____

Exterior

Vehicle

Adequate Parking	Yes/No	
Off Street Parking	Yes/No	
Obstructions Exposures	Yes/No	
Drainage Issues	Yes/No	
General Condition		_____

Pedestrian

Entrances	#	_____
Stairs	Yes/No	
Handrails in place	Yes/No	
Covered Doorways	Yes/No	
Door Mats Present	Yes/No	
Obstructions/Exposures	Yes/No	

Interior

General Lighting Conditions		_____
Floor Finish		
Coverings	Yes/No	
Multi-level	Yes/No	
Pathways	Clear& Wide/Narrow	
Turns	Yes/No	
Exit Marketing Present	Yes/No	
Clear Egress	Yes/No	# _____
Emergency Lighting	Yes/No	
Restrooms	# _____	Adequate Size Yes/No
Emergency Lighting	Yes/No	
Lighting	Yes/No	
Handrails	Yes/No	
Drainage Issues	Yes/No	
Safety Features		_____

Other Comments _____

Inspected By: _____ **Date:** _____
